### FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## wasnington, D.C. 205

#### TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROVAL
OMB Number:	3235-0076
Expires:	March 15, 2009
Estimated average	e burden

Estimated average burden Hours per response: 4.00

13980d | | 1531 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530 | 1530

1							
Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  Brahman Partners IV Offshore, Ltd.  Filing Under (Check box(es) that apply):  Rule 504  Rule 505  Rule 506  Section 4(6)  ULOF							
apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐	Section 4(6) ULOE						
g Amendment	Haaningion, UC						
A. BASIC IDENTIFICATION D	ATA Y (UE)						
d about the issuer							
is an amendment and name has changed, and indicate cha, Ltd.	nge.)						
Brahman Partners IV Offshore, Ltd.  Address of Executive Offices (Number and Street, City, State, Zip Code)  c/o Citco Fund Services (Cayman Islands) Limited, Regatta Office Park, Winward One,  West Bay Road, P.O. Box 31106 SMB, Grand Cayman, Cayman Islands							
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Numb							
To operate as a private investment fund.							
,	other (please specify): a Cayman language company						
ype of Business Organization  Corporation  Imited partnership, already formed  other (please specify): a Cayman Ispanical content of the partnership of the partnersh							
	A. BASIC IDENTIFICATION D d about the issuer is an amendment and name has changed, and indicate cha , Ltd. mber and Street, City, State, Zip Code) nan Islands) Limited, Regatta Office Park, Winward 06 SMB, Grand Cayman, Cayman Islands erations (Number and Street, City, State, Zip Code) es)  To operate as a private investment fund.    limited partnership, already formed   limited partnership, to be formed   poration or Organization:						

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500T) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

•			A. BASIC IDEN	TIFICATION DATA		
2. Et	nter the information	requested for the	e following:			
О	Each promoter of	of the issuer, if the	e issuer has been organized	within the past five years;		
o	Each beneficial of the issuer;	owner having the	power to vote or dispose, o	or direct the vote or disposition	n of, 10% or more of	a class of equity securities
o	Each executive	officer and direct	or of corporate issuers and	of corporate general and mana	ging partners of part	nership issuers; and
o	Each general an	d managing partn	er of partnership issuers.			
Check Box(	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name ( Hochfelder	Last name first, if i	ndividual)				
Business or	Residence Address	,	r and Street, City, State, Zip	•		
	an Capital Corp., es) that Apply:	655 Third Aver	nue, 11th Floor, New Yo	rk, New York 10017  Executive Officer	Director	General and/or
Check Box(	са) шас хрріў.		Belieficial Owlier	Executive Offices	ZZ Director	Managing Partner
	Last name first, if i Vijayabalan	ndividual)				
	Residence Address		r and Street, City, State, Zip		Couman Cauman	Iclands
	es) that Apply:	Promoter	Beneficial Owner	P.O. Box 1234GT, Grand  Executive Officer	Director	General and/or
2	,,,,,		_	_		Managing Partner
Full Name ( Sargison, I	Last name first, if i David	ndividual)				
	Residence Address		r and Street, City, State, Ziptited, Queensgate House,	Code) P.O. Box 1234GT, Grand	Cayman, Cayman	Islands
	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (	Last name first, if i	ndividual)	<del></del>			
Business or	Residence Address	: (Numbe	r and Street, City, State, Zi	p Code)		· · · · · · · · · · · · · · · · · · ·
Check Box(	es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (	Last name first, if i	ndividual)				<del></del>
Business or	Residence Address	(Numbe	r and Street, City, State, Zi	Code)	•	
Check Box(	es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (	Last name first, if i	ndividual)				- '
Business or	Residence Address	(Numbe	r and Street, City, State, Zi	p Code)		
Check Box(	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (	Last name first, if i	ndividual)				
Business or	Residence Address	(Numbe	r and Street, City, State, Zi	p Code)		
		(Use blani	sheet, or copy and use add	litional copies of this sheet, as	necessary.)	

					В.	NFORMA	TION ABO	OUT OFFE	RING				
1.			d, or does the					vestors in th	nis offering	?	Yes	No ⊠	
2.	What is	the minim	um investn	nent that w	ill be accep	ted from ar	ıy individu	al			<u>\$2,</u>	500 <u>,000</u> *	
	*S	ubject to th	he discretio	n of the Bo	ard of Dire	ectors to acc	cept lesser	amounts.			Yes	s No	
3.	Does th	e offering	permit join	t ownership	of a single	e unit					🛛		
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or												
	agent o	f a broker o	or dealer re	gistered wi	th the SEC	and/or witl	h a state or	states, list t	the name of	the broker	or dealer.	If more that	an five (5)
	persons Applies		d are assoc	iated perso	ns of such	a broker or	dealer, you	may set fo	rth the info	rmation for	r that broke	r or dealer	only. Not
Full N			, if individu	ıal)									
Busine	es or Res	idence Ado	iress (Num	her and Str	eet City S	tate Zin Co	nde)				<del></del>		
Dusine		idence i tac		our and ou									
Name	of Associ	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers					☐ Ali	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD] [NC]	[MA] [ND]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[VA]	[WA]	[OH] [WV]	[WI]	[WY]	[PR]
Full N	ame (Last	name first	, if individ	ıal)		<u> </u>							
Busine	ss or Res	idence Ado	iress (Num	ber and Str	eet, City, S	tate, Zip Co	ode)						
Name	of Associ	ated Broke	r or Dealer		<u> </u>				<del></del>				
			ted Has Sol			olicit Purch	asers						l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full N	ame (Last	name first	, if individ	ıal)		W			<del>,</del>				
Busine	ss or Res	idence Ado	iress (Num	ber and Str	eet, City, S	tate, Zip Co	ode)						
Name	of Associ	ated Broke	r or Dealer										
			ted Has Sol			olicit Purch	asers				· ·	☐ Ali	l States
,	[AL]	[AK]	[AZ]	[AR]	CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already so "none" or "zero". If the transaction is an exchange offering, check this box [ ] and indicate in the column the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$	\$	1
	Equity	\$1,000,000,000	\$	150,000,000
	[ X ] Common [ ] Preferred	<del></del>		
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests			
	Other (Specify )			
	Total	\$1,000,000,000	- \$	150,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offer amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have praggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors	,	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	<u>\$</u>	150,000,000
	Non-accredited Investors		<u>\$</u>	 
	Total (for filing under Rule 504 only)		<u>\$</u>	;
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer type listed in Part C - Question 1.	ering. Classify secu	rities	by
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	·		\$
	Regulation A			\$
	Rule 504			\$
	Total			<u>.</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and check the box to the left of the estimate and the left of	ct to future continge		
	Transfer Agent's Fees	[	]	<b>\$</b> 0 .
	Printing and Engraving Costs	[	х ј	\$*
	Legal Fees	[	X ]	\$*
	Accounting Fees	[	X ]	\$*
	Engineering Fees	[	]	\$0
	Sales Commissions (specify finders' fees separately)		]	\$0

\*All offering and organizational expenses are estimated not to exceed \$50,000.

Other Expenses (identify).....

[X] **\$**\*

[ X ] \$50,000\*

b. Enter the difference between the aggregate offering pri expenses furnished in response to Part C - Question 4.a. issuer."	This difference is th	ie "adj	usted	gross proceeds to	the		\$999,950,000
<ol> <li>Indicate below the amount of the adjusted gross proceeds purposes shown. If the amount for any purpose is not kno estimate. The total of the payments listed must equal the C - Question 4.b above.</li> </ol>	own, furnish an esti	mate a	nd ch	eck the box to the	e left	of the	e o Part
				Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries and fees		[	]	\$	[	]	\$
Purchase of real estate		[	ì	\$	[	}	\$
Purchase, rental or leasing and installation of machinery a	and equipment	[	]	\$	[	]	\$
Construction or leasing of plant buildings and facilities		[	]	\$	[	]	\$
Acquisition of other businesses (including the value of sec involved in this offering that may be used in exchange for securities of another issuer pursuant to a merger)	curities the assets or	[	1	\$	[	]	\$
Repayment of indebtedness		[	]	\$	[	]	\$
Working capital		[	)	\$	[	}	\$
Other (specify): Investment Capital		[ }	( )	\$999,950,000	[	)	\$
Total Payments Listed (column totals added)			-,	\$999,950,000 [ X ] <u>\$</u>		] 950,0	
	D. FEDERAL SIC	NATU	JRE				
The issuer has duly caused this notice to be signed by the unde signature constitutes an undertaking by the issuer to furnish to information furnished by the issuer to any non-accredited investigation.	the U.S. Securities	and E	xchar	ige Commission,	filed upon	unde writte	r Rule 505, the following en request of its staff, the
Issuer (Print or Type)	Signature	M	1				3/9/29
Brahman Partners IV Offshore, Ltd.	7711 601	· ,	• • •	T		_l_	71101
Name of Signer (Print or Type)	Title of Sig	ner (Pr	int o	r Type)			
Peter A. Hochfelder	Director						
	ATTENTION						<del></del>
Intentional misstatements or omissions of fact constitute federa			e 18	U.S.C. 10001.)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

		E. STATE SIGNATURE	1					
1.	Is any party described in 17 CFR 230.262 presently sul	oject to any of the disqualification provisions of	Yes No such rule?					
	See Appendix, Co	lumn 5, for state response. Not applicable						
2.	The undersigned issuer hereby undertakes to furnish to (17 CFR 239.500) at such times as required by state law		this notice is filed, a notice on Form D					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable							
4.	The undersigned issuer represents that the issuer is far Offering Exemption (ULOE) of the state in which the exemption has the burden of establishing that these cor	this notice is filed and understands that the						
	ne issuer has read this notification and knows the cont dersigned duly authorized person.	ents to be true and has duly caused this no	tice to be signed on its behalf by the					
Iss	suer (Print or Type)	Signature	Date					
Bra	rahman Partners IV Offshore, Ltd.	Mary	3/9/09					
Na	ame of Signer (Print or Type)	Title of Signer (Print or Type)	Title of Signer (Print or Type)					
Pei	eter A. Hochfelder	Director						

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX**

· · · · · ·	BRAHMAN PARTNERS IV OFFSHORE, LTD.										
1	2		3		4	,			5		
	Intend to non-acc investo Sta (Part B-	redited ors in te	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of it	nvestor and amou (Part C-Ite	State	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Class A and Class B Common Shares Par Value U.S. \$0.01 per Share \$1,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AK									<u></u>		
AL								<del></del>	<u></u>		
AR								- 10.0			
AZ											
CA											
СО											
СТ					· <del>-</del> ·			· ·			
DC											
DE									\		
FL		_									
GA					·						
HI					·						
IA				_							
ID	<u> </u>	<u> </u>						-	. = .		
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KY											
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ME											
MI											
MN	<u> </u>										
МО	<u> </u>										
MS											
МТ											
NC							<u> </u>				

•			BRAHMAN	<b>PARTNER</b>	S IV OFFSHO	ORE, LTD.			
1	Intend to non-acc investo Sta (Part B-	sell to redited ors in	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	4 nvestor and amou (Part C-Ite	5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Class A and Class B Common Shares Par Value U.S. \$0.01 per Share \$1,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
ND									
NE									
NH									
NJ									
NM									
NV									
NY		Х	Х	3	\$150,000,000	0	0		
ОН									
ОК									
OR									
PA									
PR									
RI									
SC									
SD								-	
TN									
TX								<u></u>	
UT								-	
VA									
VI									
VT									
WA									
WI		<u> </u>							
wv									
WY									

